

COMMERCE TAX ADDITIONAL INFORMATION FORM

Taxpayer ID (TID): _____

Business entity legal name: _____

Federal ID Number: _____

Business entity mailing address: _____

NAICS code (North America Industry Classification System) from www.census.gov/eos/www/naics/ _____

List owners, partners, corporate officers, managers, members, and authorized agents:

Last, First, MI:		Residence Address (Street)	SSN:	Date of Birth
Title	Percent Owned	City, State, Zip +4	Residence Telephone	
Last, First, MI:		Residence Address (Street)	SSN:	Date of Birth
Title	Percent Owned	City, State, Zip +4	Residence Telephone	
Last, First, MI:		Residence Address (Street)	SSN:	Date of Birth
Title	Percent Owned	City, State, Zip +4	Residence Telephone	

Business is currently registered in Nevada for the following tax types:

Modified Business Tax

Sales and Use Tax

Consumer Use Tax

Certificate of Authority

Excise taxes (please list): _____

TID number(s) for business currently registered in Nevada above: _____

I certify the information provided is true, correct and complete to the best of my knowledge and belief:

Signature (Print Name)

Title

Date

Phone Number

If you need to register for other tax types in Nevada, please complete the Nevada Business Registration and Supplemental Application forms located on the Department's website: <http://tax.nv.gov>